



State of Wisconsin – Department of Employee Trust Funds
Employee Reimbursement Accounts Program
CHANGE IN STATUS FORM

Social Security #		Employer (Please indicate the State Agency & Division or UW Campus)	
Last Name (Please Print)		First Name	MI
Home Address Street		City	State Zip
Work Phone ()	Home Phone ()	E-mail	

QUALIFIED CHANGE EVENTS: (CHECK AND DATE ALL THAT APPLY)

DATE	DATE
<input type="checkbox"/> Marriage	<input type="checkbox"/> Divorce
<input type="checkbox"/> Death : <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Legal Separation
<input type="checkbox"/> Birth of child	<input type="checkbox"/> Adoption (or placement for adoption) of child
<input type="checkbox"/> Ineligibility of dependent (due to age, marriage or loss of full-time student status)	<input type="checkbox"/> Change in Dependent Care provider
<input type="checkbox"/> Spouse Employment: <input type="checkbox"/> Begins or <input type="checkbox"/> Ends	<input type="checkbox"/> Spouse's unpaid leave: <input type="checkbox"/> Begins or <input type="checkbox"/> Ends
<input type="checkbox"/> Change from full-time to part-time employment (or vice versa) for <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Employee's unpaid leave <input type="checkbox"/> Begins or <input type="checkbox"/> Ends
	<input type="checkbox"/> Other _____

TYPE OF CHANGE REQUESTED

Change Existing Account	Start Account	Terminate Account (Future Medical Expense services will not be reimbursable.)
<input type="checkbox"/> Medical Expense Account <input type="checkbox"/> Dependent Care Account	<input type="checkbox"/> Medical Expense Account <input type="checkbox"/> Dependent Care Account	<input type="checkbox"/> Medical Expense Account <input type="checkbox"/> Dependent Care Account

CALCULATE YOUR NEW PER PAYCHECK DEDUCTIONS

	MEDICAL EXPENSE ACCOUNT [Maximum allowable contribution is \$7,500 per employee; Minimum is \$100.]	DEPENDENT CARE ACCOUNT [Refer to Tax Filing Status for Maximum allowable contribution] →	TAX FILING STATUS [PLEASE CHECK ONE]:
A. Current Total Annual Contribution (if applicable)			<input type="checkbox"/> Married, filing separately [maximum—\$2,500] <input type="checkbox"/> Married, filing jointly [maximum—\$5,000] <input type="checkbox"/> Single, head of household [maximum—\$5,000]
B. New Total Annual Contribution			
C. Amount Contributed Thus Far (if applicable)			
D. Amount Needed to Meet New Annual Goal (B. minus C.)			
E. # of Paychecks from which deductions to be taken*			
F. New Per Paycheck Deduction Amount (D. divided by E.)			
* Consult your Payroll Office for payroll information	<input type="checkbox"/> Starting on _____ DATE	<input type="checkbox"/> Starting on _____ DATE	

Comments:

I certify that on the date(s) indicated, I incurred the Change in Status(s)* checked above and therefore wish to change my plan elections as indicated. I understand that the change requested must be consistent with the Change in Status event and can only apply to the remaining portion of my period of coverage. The change in election will be effective on the date of the first paycheck that reflects my election change. Expenses incurred before my effective date will not be reimbursed.

Signature _____ Date _____

TO BE COMPLETED BY FBMC'S MADISON, WISCONSIN OFFICE:

Date Received: _____ Date Confirmation Sent: _____
Date Copy Sent to State Agency/Campus: _____
Payroll Check Effective Date: _____
Number of Remaining Paycheck Deductions: _____

New Amount(s): ☐ Med. Expense _____ ☐ Dependent Care _____

Authorized by: _____

SEE BACK FOR FURTHER DETAILS

CHANGES DURING THE YEAR

You may change your ERA election mid-plan year only when a qualified Change in Status event has occurred. Experiencing one of the CIS events listed does not automatically permit a mid-plan year election change. To be eligible, status changes must comply with the IRS "general consistency" requirement as stated below. A mid-plan year election change can only be made on a future basis.

TO REQUEST AN ELECTION CHANGE:

1. Review the Change in Status section of your ERA Enrollment booklet to determine if you have a valid Change in Status. If you have any questions about the eligibility of a requested change or completing the form, contact FBMC's Madison office or call the toll-free FBMC Customer Service number listed below. Check with your payroll representative for the number of paychecks remaining in the plan year.
2. Complete, sign and date the form and submit all copies to FBMC's Madison office for authorization and processing. The form must be signed and dated within 30 days **after** the date of the event. Forms submitted before the date of the event cannot be accepted.
IMPORTANT: Be sure to send your form to FBMC's Madison office with ample time for it to be processed and forwarded to your payroll office so that your desired effective date for the change(s) is not delayed. Generally speaking, that means your payroll office should receive the authorized form at least 10 business days before the paycheck date on which the change(s) are to be made.
3. Please retain a copy of documentation supporting your mid-plan year election change request. (It does not need to be submitted with your request.) Examples of documentation are marriage licenses, divorce decrees, birth certificates, etc.
4. FBMC's Madison office will review, on a uniform and consistent basis, the facts and circumstances of each properly completed and timely Change In Status Request form.
5. If the requested change is authorized, a copy of the form will be forwarded to your payroll office and to FBMC's Florida headquarters to be processed.
6. The effective date of any change(s) will be the date of the first paycheck that reflects the change(s).
7. If your ERA election change request is denied, you will have 30 days from the date of the denial to file an appeal with FBMC by following the procedures in the "Appeals Process" section appearing in your ERA enrollment booklet.

CHANGE IN STATUS EVENTS: (See your ERA enrollment booklet for more detailed information about Change in Status Events.)

- Change In Your Legal Marital Status
Marriage; death of spouse; divorce; legal separation; and annulment.
- Change In Number of Your Tax Dependents
Birth; death; adoption; and placement for adoption.
- Changes In Employment Status That Affect Eligibility
Change in the employment status of the employee, the employee's spouse, or the employee's dependent: a termination or commencement of employment; a strike or lockout; a commencement of or return from an unpaid leave of absence; and a change in worksite.
- Dependent satisfies or ceases to satisfy eligibility requirements.
Dependent satisfies or ceases to satisfy eligibility requirements for coverage on account of attainment of age, student status, or any similar circumstance.
- Change in Place of Residence (Your Own, Your Spouse or Dependent). (Dependent Care Accounts Only)
- Changes in Cost or Coverage (Dependent Care Accounts Only)
Cost increases or decreases; significant service curtailment, open enrollment under spouse's plan
- Certain Judgments, Decrees, or Court Orders (Medical Expense Accounts Only)
- Eligibility for Medicare or Medicaid (Medical Expense Accounts Only)

CONSISTENCY RULE:

- Generally, an election change satisfies the consistency requirements only if the change is on account of and corresponds with a change in status that affects eligibility for coverage under an employer's plan. In addition, for dependent care accounts only, an election change also satisfies the consistency requirements if the election change is on account of and corresponds with a change in status that affects dependent care expenses.

Fringe Benefits Management Company

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Customer Service: 1-800-342-8017 (M-F, 6 a.m. to 9 p.m. Central)